

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10748969

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 20            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 20 minus 20 = | 0            |
| INDEPENDENT CLAIMS  | 1 minus 3 =   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|             |   |    |                                    |               |
|-------------|---|----|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PAYMENT EXTRA |
|             | Total   | 20 | Minus                              | 20            |
|             | Independent   | 1  | Minus                              | 3             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

|           |        |    |           |        |
|-----------|--------|----|-----------|--------|
| RATE      | FEE    |    | RATE      | FEE    |
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X5 9=     |        | OR | X518=     |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 770    |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

|           |                |    |           |                |
|-----------|----------------|----|-----------|----------------|
| RATE      | ADDITIONAL FEE |    | RATE      | ADDITIONAL FEE |
| X5 9=     |                | OR | X518=     |                |
| X43=      |                | OR | X86=      |                |
| +145=     |                | OR | +290=     |                |
| TOTAL     |                | OR | TOTAL     |                |
| ADDT. FEE |                | OR | ADDT. FEE |                |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

|           |                |    |           |                |
|-----------|----------------|----|-----------|----------------|
| RATE      | ADDITIONAL FEE |    | RATE      | ADDITIONAL FEE |
| X5 9=     |                | OR | X518=     |                |
| X43=      |                | OR | X86=      |                |
| +145=     |                | OR | +290=     |                |
| TOTAL     |                | OR | TOTAL     |                |
| ADDT. FEE |                | OR | ADDT. FEE |                |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

|           |                |    |           |                |
|-----------|----------------|----|-----------|----------------|
| RATE      | ADDITIONAL FEE |    | RATE      | ADDITIONAL FEE |
| X5 9=     |                | OR | X518=     |                |
| X43=      |                | OR | X86=      |                |
| +145=     |                | OR | +290=     |                |
| TOTAL     |                | OR | TOTAL     |                |
| ADDT. FEE |                | OR | ADDT. FEE |                |

|             |   |    |                                    |               |
|-------------|---|----|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PAYMENT EXTRA |
|             | Total   | 20 | Minus                              | 20            |
|             | Independent   | 1  | Minus                              | 3             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |               |

|             |   |    |                                    |               |
|-------------|---|----|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PAYMENT EXTRA |
|             | Total   | 20 | Minus                              | 20            |
|             | Independent   | 1  | Minus                              | 3             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.